Revision: HGFA-PM-85-14 (BERC) SEPTE 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State: LOUISIANA

A. The following charges are imposed on the medically needy for services:

Service	T) Deduct.	Type of Charge Coins.	ge Copay.	Amount and Basis for Determination	ation
Pharmacv			,		
			×	For each prescription reimbursed by Medicaid, the recipient will be	ursed by 1 be
				responsible for paying a co-payment amount based on the following table	-payment ng table
STA DAT DAT DA				as set out at 42 CFR 447.54.	•
IE RE				CALCULATED STATE PAYMENT	COPAYMENT
C D			-	or to	\$0.50
A 9-12-79				\$25.01 to \$50.00 \$50.01 or more	\$2.00 \$3.00
30					
-9 -9 16					
7777		9-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	-		
— A					
TN No. //b Supersedes TN No. 96-15	Approval	Approval Date 12-12-97	15-01	Rffective Date	1997

HCFA ID: 0053C/0061E

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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: LOUISIANA
В.	The method used to collect cost sharing charges for medically needy individuals:
	Providers are responsible for collecting the cost sharing charges from individuals.
	The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
c.	The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:
	A person's assertion to the provider of their inability to pay the co-payment establishes this inability.

Supersedes
TH No. 91-15

Approval Date 12-12-97 Effective Date 7-1-97

HCFA ID: 0053C/0061E

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DATE RECD 9-30-97	1
DATE APPLIE 12-12-97	Α
DATE EFF 7-1-97	, ,
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SEPTEMBER 1985.

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	State:	LOUISIANA			· -
D.	The procedures for				from cost
	sharing contained in Louisiana excludes described in 42 CFI using the recipient and the drug file.	from co-payment R 447.53(b) thre	t those indivi	iduals and ser as processing	system
E.		pes not provide			
	Cumulative max	imums have been	established as	s described be	low:
			•		
	rsedes	Approval Date 💆	2-12-97	Effective Dat	7-1-97
TN N	o. <u>96-15</u>			HCFA ID:	0053C/0061
	STATE	A 7-30-97			